

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, OCTOBER 20, 1883.

Original.

HAY-FEVER.

BY R. MAUPIN FERGUSON, M. D.

Physician to Eye, Ear, and Throat Department of Louisville City Hospital.

The seriousness of the affection known as hay-fever is appreciated by few who have not suffered the intolerable torments of the disease, or been in close relationship with those who have.

To the great majority of people, and even to a not inconsiderable number of the profession, hay-fever, through ignorance, is considered to be merely a summer cold, a trivial affection, and one of a somewhat comical character.

The disease does bear a most marked resemblance in its symptoms to an ordinary aggravated cold; but, from its prolonged course of six weeks or more, its sleepless nights, its asthmatic attacks, and the constant irritation of the nervous system, it exhausts the vital energies, destroys all pleasure, substitutes wretchedness, interferes with business relations, and lessens the period of useful life at least one eighth. To be sure, this disease, like all others, varies in intensity. Some cases are very mild, and exceptionally, after an annual recurrence for a few years, may cease altogether. Other cases are, however, so severe that during the disease the sufferer bears almost inconceivable torments, the entire system becomes implicated, life itself is sometimes threatened, and is always for the time being a burden.

I have been told by several hay-fever sufferers of death having actually taken place from this affection, but am not certain that the fatal termination may not have been due to other causes. Whether any deaths have or have not been reported, I feel certain that, superadded to any serious disease or to a

weakened condition, it could easily have a fatal termination. It is generally considered a local affection. The general system, however, is profoundly affected, whether primarily or secondarily I am not able to say. This is evident from the accelerated action of the heart, running up at times to one hundred and twenty per minute, respiration being also accelerated to twenty or thirty per minute; by the indefinite muscular pains resembling those which are such frequent accompaniments of malarial affections; by the nocturnal wakefulness, profuse diaphoresis without obvious cause, generally at night, great listlessness, absent-mindedness, dullness, etc.

In giving the symptoms of the disease I shall be guided mainly by those which I have noted in my own person. For five consecutive years I was attacked by the disease. Then I escaped it for two years, being in Vienna one summer, where the disease is scarcely known, and being in London the next summer, where the disease is very common. The next summer I was attacked in New York, and this year I have had another attack in Louisville. I have thus had ample facilities for studying thoroughly one case, at least, and have acquired a personal and intimate knowledge of all the symptoms.

It begins almost invariably on a certain day; thus I look forward to being attacked with hay-fever on the 17th of August with almost as much certainty as I do to hearing the explosion of Young America's cannon on the 4th of July. It begins with sneezing, which at first is rather agreeable than otherwise; but in a short time the symptoms of a cold in the head come on and with such severity as to make life utterly miserable. The sneezing continues, and becomes so violent that the entire body is convulsed at each sneeze, the nervous excitability becoming almost a frenzy, and leaving the body com-

pletely exhausted. The nasal secretion at first is perfectly clear and watery, and remains so for a week, ten days or more, and so profuse, especially during the paroxysms, that a fresh handkerchief lasts but a few minutes. The eyes are affected from the beginning, and in many persons this is a most trying symptom. The eyes become exceedingly irritable with lachrymation and photophobia.

Hay-fever is pre-eminently a paroxysmal affection. During the entire course of the disease there is constantly that heaviness and dullness which renders a cold in the head so notoriously disagreeable, together with weakness and a complete want of elasticity both bodily and mental. To this condition the paroxysms are superadded. Generally they are brought on by some irritant, frequently so slight in character as to produce absolutely no effect on healthy individuals. Thus, a change from a dark room to a light room, the gleam of sunlight through the shutters, any bright light, a slight breeze blowing on the person, brushing the hair, entering a cool room, the dust of the street, etc., bring on the paroxysms, which are evidently of a reflex nature. Sometimes for a longer or shorter period, varying from an hour or so to one or two days, these irritants seem powerless to bring on a paroxysm. At times the paroxysms drive one almost frantic, the eyes filling with scalding tears, there being a dreadful itching and tickling sensation in the nose which causes the most violent sneezing, or, what is worse, keeps the sufferer in a condition of intense suffering while waiting for a sneeze for minutes, which seem as hours at such a time. Such paroxysms continuing for a short time produce a state of nervous excitement bordering on frenzy.

In about two or three weeks the nasal passages become almost or completely occluded by the thickening secretion and the swelling of the mucous membrane. From this time on the paroxysms of sneezing are not so severe, nor are they so frequent. The occlusion of the nasal passages is, however, most distressing, as respiration both by day and night is carried on exclusively through the mouth, causing the lips to become very dry, to crack open, and leaving a very disagreeable taste in the mouth. The swelling of the mucous membrane probably affecting the eustachian tube, and the accumulation of mucus, produce partial deafness, and by inducing variations in the intra-labyrinthine pressure cause a stagger-

ing to the right or left. Thus a patient swallows, and the changes in pressure caused thereby cause him to stagger from the inside of the pavement to the curb, and then he continues on his way as usual. Gradually the affection extends to the larynx, trachea, and lungs. The larynx is generally more or less affected during the entire disease, as is indicated by changes in the voice; generally it is both hoarse and weak, but is sometimes completely extinguished, leaving the patient aphonic. As the disease extends downward to the lungs a most distressing cough begins, and the asthmatic attacks make their appearance. This cough is at times so violent and persistent as to lead to complete prostration. Thus I have at times coughed persistently during almost the entire night, effectually banishing sleep, and producing such prostration that the skin would be covered with a cold sweat. Sometimes these spells of violent coughing cause emesis. With regard to the asthmatic attack in hay-fever, nothing in particular need be said excepting that they vary in intensity in different cases, and in the same case in different years. The asthmatic attacks in hay-fever are sometimes just as violent and distressing as those occurring without such relation.

These are the general symptoms of the disease. There are, however, certain local phenomena which from their constancy deserve mention. Among these may be mentioned an itching sensation at the caruncle, and just along the ciliary margin of the lids below the ciliae. A most distressing itching sensation, at times almost driving one to desperation, affects the mucous membrane of the hard palate just in front of the uvula. Violent but vain efforts are made to obtain relief from this by scratching the roof of the mouth with the tongue. A similar and very annoying itching sensation is also at times present in the depth of the ear, causing the introduction of a finger in the meatus and its violent shaking. There is also often an abnormal sensation about the face and scalp. It is not an itching, but a feeling like cobwebs over the face, and causes a rubbing of the forehead and scalp with a slow movement, at the same time considerable pressure being made with the hand. These peculiar maneuvers are so characteristic that I believe the diagnosis could almost be made by them alone.

With regard to the cause of the disease, I confess I know nothing. That it is caused by pollen, however, I can not believe, for

in microscopic examinations, which I have frequently made, I have uniformly found an entire absence of pollen from the nasal secretions. Epithelium in various stages of degeneration, lymph cells and granules, and fat granules were the only constituents, and these varied in quantity according to stage of the disease and character of secretion.

Occasionally, in an examination lasting for an hour or more, I have come across a single bacillus, or perhaps two or three. In examinations of the sputa, I have found them in considerable number. Here, as in so many other cases, the question as to whether they be merely accidental, due to the presence of a suitable nidus, or whether they be the causative agents is to be decided. I think it extremely doubtful whether any importance whatever is to be attributed to their presence. By some the disease is supposed to be of a malarial character. It, however, has resisted anti-malarial treatment in my own case and in several others with which I am acquainted. Quinine was taken for a month and a half, in doses of five grains daily, in endeavor to ward it off, without avail. During the disease large doses, as much as twenty grains daily, and continued for two weeks, were taken, but with no benefit. The spray of quinine I found not only of no use whatever, but decidedly irritating. Fowler's solution was perseveringly taken for more than a month before the expected attack, and continued during the attack without any benefit.

Various other methods of treatment were pursued, but in my own case the number of drugs taken has only been equaled by the number of absolute failures.

Dark glasses alleviate the photophobia and protect the irritable conjunctiva from irritants. Atropiæ sulph., gr. $\frac{1}{10}$, morph. sulph., gr. $\frac{1}{4}$, given hypodermically, allays to a certain extent the irritability of the nasal mucous membrane and dries up the nasal secretion, which by its profuseness is exceedingly annoying. The effects of the atropia are, however, exceedingly disagreeable, and it is not advisable to have too frequent resort to morphia. Patients should keep their rooms as much as possible, where the equable temperature, moderated light, and absence of dust and other irritants render the paroxysms much less frequent, and the condition altogether much more comfortable. An early flight north or south, a trip to sea, or the ascent of some of the mountains is almost certain to give immunity. Some patients, however, are relieved

by going to one point, and others fail to obtain complete or even any relief by going there. A sea voyage far from land is the most certain, but doubtless all can obtain relief by going sufficiently far north. The cough and asthma are to be treated on general principles; but, if I may judge from my own experience, medication will be found of little use until cold weather sets in.

The theory of Dr. Poe, which I had the pleasure of reading in the Louisville Medical News a short time since, that the affection is due to disease of the vascular mucous membrane covering the inferior turbinated bones, and to a reflex action of this disease in other organs, I think exceedingly probable, and hope that other investigators may turn their attention in this direction.

That asthma may be produced by nasal polypi is now a recognized fact, as well as that such cases are cured by removal of the tumor. This renders it exceedingly probable that in hay-fever, where the mucous membrane is so swollen as to completely occlude the nasal passages, the asthma may have a similar origin, especially as the asthmatic attacks do occur later on in the disease, when the swelling of the membrane is excessive.

Kratschmes has shown that an irritant acting on the nasal mucous membrane affects the heart and lungs by reflex action, and that this reflex action originates in the trigeminus.

Dr. Poe observes that in cases where the hypertrophied or diseased tissue over the turbinated bones has been modified by treatment between the attacks, the hay-fever has been much milder or completely relieved, and that a radical cure has followed the removal of this tissue by snare or galvano-cautery. It is to be hoped that this observation may be corroborated.

IN the *Journal de Médecine de Paris* are collected the results obtained by several observers in the prevention of abortion and premature labor by asafetida. In ninety per cent of the cases so treated the patients (who had aborted from two to five times in former pregnancies) went on to full term.

A CASE of suppression of urine in a child, lasting five days, with recovery, is reported by Mr. Herbert E. Paxon, in the *Lancet* of September 29th.

IRISH wakes are relics of penal times, when it was made impossible for a priest to meet his flocks, except in disguise, five pounds being offered for his head.

Miscellany.

A REMARKABLE CASE OF OBSTETRICS.—
ABORTION AT TWO MONTHS AND QUADRUPLETS AT FULL TIME.—Drs. Edwards and McTaggart, in a report (Canada Medical Record) say: On July 21, 1883, we were called to Mrs. S., small of stature, aged thirty-eight, weight one hundred pounds. She thought herself but five months *eniente*, but from her history and condition it was evident that she was seven months pregnant. She last menstruated on December 4, 1882. About seven weeks from this time she commenced to flow, which lasted for some three weeks, accompanied by pain. With a pain resembling a labor pain something was expelled, which she described as a lump of flesh with blood-vessels in it. To this "lump" was attached a short string. At this she became alarmed, and consulted a medical man, who assured her that she had had a miscarriage. He prescribed some medicine which he said would check the flow and cause the expulsion of any thing that might remain. From her account the flow increased for a few days, then finally stopped. From this time until Friday, the 14th September, 1883, she has been, comparatively speaking, quite well, although distressed by the immense size and weight of the abdomen. On the evening of this date (Friday, 14th September,) she was delivered of four living children, two boys and two girls; the time elapsing between the birth of the first and that of the last child being one hour and forty-five minutes. The weight of the male children exceeded that of the females by a few ounces. Weight of males, four pounds nine and one quarter ounces, and four pounds three ounces; females, four pounds six ounces, and three pounds thirteen and three fourths ounces. Labor terminated favorably, there being no hemorrhage to speak of. There was but one placenta, each cord being inserted at different parts of its surface. The quartette are now six days old, all healthy, able to nurse, and bid fair to live. The mother is doing exceedingly well, having suffered no more exhaustion than if she had had but one child.

GERMAN SURGERY.—A correspondent (Surgeon M. D. Jones, U. S. Navy,) writes to the St. Louis Courier of Medicine from Berlin: Why an American should come here to learn surgery is beyond my comprehension. Let any fair-minded man walk

through the surgical wards of Billroth or Albert, or attend the clinics of these gentlemen, and he must admit that we have nothing to learn from the Vienna school in that branch of science. That order found in our hospitals seems to be wanting—the bandages and splints are not applied with the same neatness and dexterity, and more of a disregard for human life prevails than with us. One day last March, I happened into Billroth's operating-room just after he had removed an enormously enlarged thyroid gland from a woman apparently thirty years old. The weather was raw, both in and out of doors, and to add to the discomfort the floor of the amphitheater was wet. After the dressings were applied, the patient was placed on a cot preparatory to being transferred to the ward. A delay occurred, I will not venture to say how long, and in the meantime she lay with no cover except what her chemise and stockings afforded, though a blanket was conveniently near, if the assistant had thought to make use of it. It is unnecessary to say what the result of all this was. Another case of surgery witnessed: The patient, a man of about forty-eight, was being asphyxiated from a growth in the larynx. Prof. Schrötter, after using the ether spray over the trachea, proceeded to perform tracheotomy. Every thing got along slowly but comfortably, until the patient began gasping, and the assistant reported the pulse nearly gone. Soon respiration and pulse were absent. The professor began working more vigorously, and after an unconscionably long time the trachea was opened and the tube introduced. Then began a remarkable performance at resuscitation. Cold water was squirted from a syringe over the epigastrium. Artificial respiration, after the manner of whom I know not, was tried. Electricity was suggested and employed to no purpose. Schrötter then left the room with the remark that the case was hopeless. The assistant then set to work, and what he left undone in the way of rupturing the dead man's liver, spleen, and stomach, was fully accomplished by a buxom German, a friend of his. We who were present felt that had a bold plunge of the knife been made earlier, the man's life would have been saved, after the pulse and respiration had ceased.

SUDDEN DEATH FROM FRIGHT.—Dr. John Roche, in the Lancet: In the case of sudden death from fright, given by Mr. J. E. Cooney in the Lancet of September 1st,

the post-mortem appearances were exactly those which would be found after death following division of both pneumogastric nerves; the lungs were not so gorged as they would be after suffocation by pressure on the trachea, and the right side of the heart was more distended with blood than it would be after death from narcotic gases, drowning, narcotic poisoning, or syncope.

On December 31, 1870, I was summoned (some fifty miles in direction of Beloochistan) from Kotree, India, to ascertain the cause of death of a man who was seen struggling (wrestle ways) with another the day previous, and suddenly fell dead. The external appearances presented no marks on the body excepting a slight abrasion on the scrotum, and a blue discoloration on the right side of the larynx. All the internal organs were healthy; the heart and lungs were anemic or exsanguine. The cause of death was explained to be violence to the testicles, inducing syncope, and pressure on the side of the larynx, excluding air, and hence the absence of the congestion of the lungs and right side of the heart. I agree with Mr. J. E. Cooney that death in his described case was due to emotion conveyed to the brain and medulla, but which thus became so intensely occupied that no message was sent through the vagi. There was an arrest of breathing, and there was no perception of its objective necessity; a consequent stoppage of circulation through the lungs and distension of the capillaries, veins, and right side of the heart. The heart stopped, not because it was inhibited through the vagus, but on account of an insufficient arterial stimulus to its ganglia to keep it going. The right side of the heart seems to have been literally choked *ex fronte*.

A VENERABLE DAME.—At Aubérine-en-Royans, a village in the Dauphiné, situated between Valence and Grenoble, may be seen an old woman, living in a hut in a narrow street, who has reached the extraordinary age of one hundred and twenty-three years. She has no infirmity except slight deafness, being in full possession of her mental faculties. Her age as given above is authentic, and according to her marriage certificate she completed, in January last, her hundredth year since marriage. The old lady was a "cantinière" under the First Empire, and had two sons killed at the battles of Friedland and in Spain. She is supported entirely on the alms given her by

visitors who go from great distances to see her as an object of curiosity, and her neighbors help her to do her household work. She lives almost exclusively on soup made with bread, to which is added a little wine and sometimes a little brandy. Dr. Bonne, who practices in the neighborhood, states that she is never ill. Her skin is like parchment, but she is comparatively upright, and is of scrupulously clean habits.—*Lancet*.

GREEN OYSTERS.—In the Biological Section of the recent meeting of the British Association for the advancement of Science, at Southport, Professor Lankester, F.R.S., gave an account of an investigation he had made into the coloring matter of the green oyster. (*British Medical Journal*.) The cause of the green color in the oyster was decided fifty years ago by a French oyster-cultivator, who was in the habit of producing them for the Paris market. This gentleman found that in the ponds in Normandy in which these oysters were produced there was always a green deposit. He thought it was a vegetable substance, and called it *Vibrio ostrearis*. It has since been maintained that it resulted from the contact of the oyster with copper, and it had been alleged that cases of poisoning had in consequence occurred. The explanation, though plausible, as there were minute quantities of copper in the tissues of the oyster, was not the real one. The green substance to which he had referred had been found to be living protoplasm. It came from a microscopic organization known as the *Mavricula ostrearis*. This organism was swallowed with the water by the oyster, was absorbed into the blood, and the coloring matter was deposited on the surface of the gills and the labial tentacles. It imparted no particular flavor to the oyster, for he would defy any man to distinguish between the green oyster and the white one with his eyes shut.

UNREASON AND INSANITY.—People with very strong opinions and prejudices are seldom those whose mental balance is of the strongest. (*British Medical Journal*.) Of such a nature was the unhappy shoemaker of Rotherhithe who committed suicide last Friday. The published evidence at the inquest gives a quite insufficient motive for this act of "temporary insanity," as the jury described it; but there were some circumstances in the deceased's career which may conceivably have had much to do with his desperate act. He was a "staunch anti-

"vaccinator," and had braved the law on a number of occasions to maintain his "principles." Not even the loss of his wife and two children from smallpox brought conviction to his mind, nor the death of a man whose clothes he borrowed to attend their funeral, and who subsequently sickened and died of smallpox, caught, no doubt, from the infected clothes. But for the last six months of his life he had been unwell, and appeared very strange in his manner. The germs of unreason which had revealed themselves in his obstinate disbelief in vaccination, were doubtless brought into undue activity by the business troubles which seem to have recently weighed upon the unfortunate man, with the tragic ending recorded in Monday's daily papers.

MEDICAL SOCIETY OF INDIANA.—The following is the programme of the eighth annual meeting, to be held at the Knights of Honor Hall, corner Spring and Maple streets, Jeffersonville, Indiana, Tuesday, October 23, 1883. The society convenes at 10 A. M. and 1.30 P. M.

1. Reading the minutes of the previous meeting.
2. Report of Committee on Practice, Materia Medica, and Therapeutics—Drs. J. L. Stewart, D. McClure, and Jas. M. Davis.
3. Report of Committee on Obstetrics, Diseases of Women and Children—Drs. N. Field, J. M. Kirkwood, and G. M. Covert.
4. Report of Committee on Surgery—Drs. W. N. McCoy, W. A. Clapp, and S. C. McClure.
5. Paper by M. F. Coomes, M. D., Louisville.
6. Paper by E. R. Palmer, M. D., Louisville.
7. Paper by Geo. L. Curtiss, M. D., Jeffersonville, Indiana.
8. Address of President.
9. Paper by Wm. Bailey, M. D., Louisville, Ky.
10. Report of Committee on Physiology, Hygiene, and Toxicology, by Drs. R. S. Rutherford, T. C. Neat, and H. C. Fouts.
11. Report of Special Committee on Microscopy—Drs. Sloan, Nutt, and Sheets.
12. Paper by E. D. Laughlin, M. D., Orleans, Indiana.
13. Paper by T. P. Carter, M. D., Orangeville, Indiana.
14. Paper by W. D. Fouts, M. D., Jeffersonville, Indiana.
15. Paper by E. P. Easley, M. D., New Albany, Indiana.

Oral communications.

The officers are: President, Chas. Bowman, M. D., New Albany; Vice-President, W. D. Fouts, M. D., Jeffersonville; Secretary, T. A. Graham, M. D., Jeffersonville; Treasurer, W. N. McCoy, M. D., Jeffersonville. Committee of Arrangements: I. N. Rudell, M. D., W. H. Sheets, M. D., S. C. McClure, M. D., Jeffersonville, Indiana.

This is a vivid and vigorous body, and its meetings are always profitable.

LIFE-SAVING.—Doctor Thomas, of the Humane Society of New York, came to the stand, says the Louisville Commercial, in a late meeting in Louisville, in response to an invitation from the chairman, and addressed the meeting as follows:

Ladies and Gentlemen—We are working together in the good cause of making life safe. I belong to the Life-saving Society of New York, which is doing a grand work. The method we have adopted to make life safe is this: We all wear a badge like this (exhibiting a large gold badge worn over his heart), which gives us authority to save life and prevent danger.

The way we do it is, when we see life in danger, to simply show the badge, and the life is at once saved. For instance: When we see boys throwing stones on the street, we simply pull back our coats, show our badge, and no harm is done whatever. A simple twist of the wrist. Then we have a way of tapping with a cane on the sidewalk; we tap twice, and if a hodful of bricks is falling on a man's head from a five-story building, his life is at once saved, and the danger averted. If, again, my brethren, we find a person drowning, we may either tap with our canes or simply show our badge, and the person is immediately arrested. I have even known a furious bull dog, on a still-hunt after a human calf, paralyzed in his tracks by tapping one of our canes, or by simply showing the badge which gives us authority to save life. Now, we want to make life safe everywhere. We want to make Kentucky one of the safest States in the Union; and you know she has not a reputation at present for being very safe. Let us all work together in our great mission, and make life safe and prevent danger.

AN AGED PHYSICIAN.—It is reported, says the "Lancet," that Dr. Jackimovicz, of Jarvzinka, in the government of Kiew, Russia, has just died at the aged of one hundred and six, and that he was able until near the close of his life to superintend the working of an extensive practice.

M. CHEVREUL, the venerable member of the Academy of Sciences in the Section of Physics and Chemistry, has just entered his ninety-eighth year. His mental faculties are quite sound, and he attends regularly the meetings of the Academy.

LADIES' DRESSES.—If, instead of hanging a quantity of loose clothes round the legs, the garments covering these extremities were chiefly close-fitting, the weight of the clothing might be very much lessened, because when close to the body they preserve the warmth much better than when surrounding the legs loosely. (British Medical Journal.) The principle of dual garments might be carried on without altering the external appearance of female dress; for, with the use of warm, close-fitting drawers or trousers, the outer skirts might be made in the usual manner, but of much less thickness and weight. Many ladies now wear neither stays nor suspenders, and yet experience no difficulty in supporting their skirts, chiefly upon the hips.

LUMBRICUS IN THE LIVER.—Dr. Oks, of Rasgrad, Bulgaria, describes in the *Vratsch*, says the British Medical Journal, the case of an almost moribund phthisical patient, who was seized with vomiting and icterus. The liver was much enlarged. After death, the usual appearances of advanced phthisis were discovered. All the biliary ducts were dilated, and the common duct was occupied by a large female lumbricus; one extremity of its body hung free into the duodenum. Deep in the substance of the liver a smaller male lumbricus was found, impacted in a biliary duct. This is a rare but not entirely unknown complication of a parasitic disease.

REMARKABLE FECUNDITY.—Dr. F. P. Atkinson writes to the British Medical Journal as follows: "I have just come across a somewhat remarkable, well-authenticated instance of fecundity. The lady, who was of good position, married at sixteen years of age and died at sixty-four. She had thirty-nine children (all by the same husband, whom she survived), thirty-two daughters and seven sons, and they were all single births except two, which were twins. An interesting point is that all the children lived to attain their majority."

DR. THOMAS COLCOTT FOX, a brother of Tilbury Fox, has been appointed physician in charge of the Skin Department, Westminster Hospital. A better appointment could not have been made.

A NEW MEDICAL COLLEGE IN CINCINNATI has been organized under the title of The Medical University of Ohio.

THE PHILADELPHIA MEDICAL TIMES.—The editorship of this journal has been changed, and Dr. Frank Woodbury has been promoted to the position. The publishers of the Times have acted wisely, and the readers of that journal are to be congratulated on Dr. Woodbury's election.

RELIGION AND SCIENCE.—In connection with the recent meeting of the British Association many sermons were preached by leading members of the Church and the various Nonconformist bodies, several of whom are themselves eminent scientists. (Lancet.) The Bishops of Liverpool and Carlisle dwelt specially on the relation of religion and science. The Bishop of Carlisle is stated to have said: "If we could see perfectly, perhaps the knowledge of God and the knowledge of nature were one." It must be so; if God is the God of nature, the Creator must be known in and by his works. It seems strange that any should fear the advancement and extension of knowledge as a possible antagonism to the truth. All truth must be harmonious. The only contradictions are "the oppositions of science *falsely so-called*."

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U. S. A., from October 6, 1883, to October 13, 1883.

Hammond, John F., Colonel and Surgeon, leave of absence on Surgeon's certificate of disability, granted April 2, 1883, extended six months on Surgeon's certificate of disability. (Par. 7, S.O. 231, A.G.O., October 8, 1883.) *Swift, Ebenezer*, Lieutenant Colonel and Assistant Medical Purveyor, under the provisions of section 1 of the act of Congress approved June 30, 1882, is, by operation of law, this day retired from active service, and will proceed to his home. (Par. 4, S.O. 231, A.G.O., October 8, 1883.) *Hartsuff, Albert*, Major and Surgeon, granted leave of absence for fifteen (15) days. (Par. 2, S.O. 205, Department of the Missouri, October 6, 1883.) *Meacham, Frank*, Major and Surgeon, assigned to duty at Fort Douglas, Utah. (Par. 3, S.O. 109, Department of the Platte, October 6, 1883.) *Cronkhite, H. M.*, Captain and Assistant Surgeon, assigned to duty at Fort D. A. Russell, Wyoming. (Par. 3, S.O. 109, Department of the Platte, October 6, 1883.) *Weisel, Daniel*, Captain and Assistant Surgeon, assigned to duty at Fort Fred Steele, Wyoming. (Par. 3, S.O. 109, Department of the Platte, October 6, 1883.) *Arthur, W. H.*, First Lieutenant and Assistant Surgeon, assigned to duty at Fort Douglas, Utah. (Par. 3, S.O. 109, Department of the Platte, October 6, 1883.) *Strong, Norton*, First Lieutenant and Assistant Surgeon, assigned to duty at Fort Washakie, Wyoming. (Par. 3, S.O. 109, Department of the Platte, October 6, 1883.)

The Louisville Medical News.

Vol. XVI. SATURDAY, OCT. 20, 1883. No. 16.

LUNSFORD P. YANDELL, M.D., - - }
H. A. COTTELL, M.D., - - - - } Editors.

A Journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price \$3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editors are not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the Journal, should be addressed to the EDITORS OF THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

Subscriptions and advertisements received, specimen copies and bound volumes for sale by the undersigned, to whom remittances may be sent by postal money order, bank check, or registered letter. Address

JOHN P. MORTON & CO.,
440 to 446 West Main Street, Louisville, Ky.

THE CHOLERA IN EGYPT.

The Medical Times and Gazette, of September 29th, gives a very interesting summary of Surgeon-General Hunter's recent report on the cholera epidemic in Egypt. It contains many curious and significant facts, and presents the sanitarian with much food for reflection. Traveling by special railway service, the officer visited many cities and villages of this historic land, and found in every one of them evidence of the grossest violation of all sanitary laws. Rivers and canals are here made the common receptacle for filth of all kinds, privies being built over them in all practicable instances, and the carcasses of dead animals being invariably tumbled into them. Thousands of dead animals are seen by travelers along the lower Nile, and from the Damietta branch of this river no less than five hundred and sixty-eight carcasses of cattle, dead from an epidemic of typhus, were removed, to say nothing of portions of many more which had fallen to pieces in advanced decay. When the low and flat features of the country about the Delta of the Nile are taken into account, with the consequent sluggishness of the streams, whose water stagnates in innumerable bayous and pools, and rapidly evaporating, leaves along the shore a margin of decaying matter to breed malaria under

the heat of a tropic sun; and further, when it is noted that the river is the only source of water-supply to the inhabitants, who must take it directly from the streams and pools, or from wells into which it has percolated through a soil already saturated with filth, it is no wonder that cholera should find here a fitting place of birth and a wide field for its work of death.

The cemeteries, every where a menace to those who live in their vicinity, are here a "most prolific source of disease." "The dead are put into hollow structures, about six feet by four, made of sun-dried bricks and mud, the floor being on the ground level. Into these the dead bodies are thrust, one after another as occasion arises, until the place is full." These structures are nothing less than ovens which the sun heats up to a degree most favorable for the rapid decomposition of the bodies within, which, fermenting and festering, pour forth volumes of stench intolerable to any but Oriental noses, and load the air with the germs of disease which by the winds are scattered far and wide.

The hospitals are, almost without exception, in a tumble-down condition, abounding in filth and redolent of foul odors; in fact, noisome places utterly unfit for the reception of human beings.

The medical administration is peculiar, and its members, if not guilty of eccentricity, might be forced to confess to a slight bias in the selection of their patients, since none but a few of the wealthy or better class of people are, during the epidemic, ever seen alive by these gentlemen.

The village barber is the registrar, and, as he never sees a sick person except by accident, he takes, when a death is reported, the opinion of the patient's family or friends as to the disease which caused it. Statistics built up from such reports are of course worthless.

Looking closely into some of these mortuary reports, the Surgeon-General found that for a long time many cases had been

entered as having died from cholera; and questioning cautiously on this point a number of medical men, he satisfied himself that these cases presented in their history characters identical with true cholera. From these and other investigations he is inclined to the opinion that cholera has been epidemic in Egypt ever since the outbreak of the disease in 1865.

Dr. Hunter believes that the facts brought to light through his survey of the infected region establish so clearly the indigenous character of the disease, that it is "hardly worth while to discuss the oft-repeated and oft-refuted story of the importation of cholera from India into Egypt." This conclusion is strengthened by an able report, which he appends, from Drs. Ahmed Chaffey Bey and Salvadore Ferrari, who, with strong prejudices in favor of the foreign-importation theory, were compelled to abandon it after a very careful and thorough investigation of the question.

Atmospheric phenomena, which, if the observers were not deceived, are characteristic of a cholera epidemic, are also mentioned and form a most remarkable feature of the report. Mr. Borg, her Majesty's vice-consul in Cairo, told Dr. Hunter that "when cholera was at its height in 1865, in the capital, the sky was lead-colored, the atmosphere oppressive, so as to render breathing difficult at times, and the town of Cairo, as seen from the Mokattan Hills, seemed to be enveloped in a spherical cloud of thick mist during three consecutive days. He also observed that the sparrows deserted the town and did not return until the epidemic was on the decline."

The sanitary officer of the Cairo District, Dr. McDowell, A. M. D., noted, when the present epidemic was at its height, on July 23d, a yellowness of the atmosphere, somewhat of the nature of a fog, the air at the time being quite calm. It was also observed that the sparrows had deserted the town. They did not return until July 26th. Dr. Hunter adds: "It is curious to note that the Arabic phrase for cholera is 'yellow

air,' and that the fact of birds deserting a place at such periods has also been remarked by the natives."

This cholera mist should be carefully studied, for, aside from its scientific aspects, it may prove to be the foundation of some curious superstitions. Doubtless the antiquary will find the phenomenon to be of ancient observation, and that out of it have grown those aerial apparitions which were believed to foreshadow or accompany events of great public calamity, such as plague, famine, and war, and seemed to find full confirmation in comets and eclipses. Since every error hides a truth, it might be easy to show, by natural steps how the imagination of men may rise from the yellow mist over the pestilence-stricken town to the man with a drawn sword above the citadel and armies fighting in the air, or in the comet see a messenger of dread who "from his horrid hair shakes pestilence and war."

NINETY AND NINE.

Dr. C. C. Graham, of this city, celebrated a few days since his ninety-ninth birthday. He is older than the city of Louisville and than the State of Kentucky. He retains his faculties to a remarkable degree. His carriage is quite erect, his sight is excellent, his teeth are sound and perfect, his memory is accurate, and only his hearing is impaired. He is a great walker, and spends much of his time in geological excursions, and is the possessor of a large and valuable collection of fossils, minerals, and Indian relics. He was the companion of Daniel Boone, was a soldier in the war of 1812, in the Seminole war, and in the Mexican war. He has been a flatboatman, a tavern-keeper, a civil engineer, and a physician. For many years he has not engaged in any business, being possessed of ample means.

His youngest son, aged nineteen, is a student of medicine in the University of Louisville. May our venerable friend live a thousand years and his shadow never grow less.

Bibliography.

The Medical Student's Manual of Chemistry.

By R. A. WITTHAUS, A.M., M.D., Professor of Chemistry and Toxicology in the University of Buffalo, Professor of Chemistry and Toxicology in the University of Vermont, Professor of Physiological Chemistry in the University of the City of New York, etc. New York: William Wood & Co. 1883.

This work is divided in three parts. Part I discusses theoretical chemistry and such problems in physics as are indispensable to a fair understanding of what is to follow; part II deals with special chemistry, and part III with laboratory technics. In part I it is pleasant to note the absence of long paragraphs upon problems in physics which the physician will never find use for. Crystallization, spectroscopy, and polarimetry receive, as their importance in practice demands, sufficient attention. In dealing with questions of theoretical chemistry, the author is clear and concise, stating the principles involved in each proposition without argument, and depending largely upon well-executed cuts for further elucidation. In part II toxicology receives full and careful attention, while every substance, inorganic or organic, the chemistry of which can be of any interest to the physician is noted and passed in review. The chapters here devoted to physiological chemistry are especially striking and satisfactory. Part III, laboratory technics, is brief but quite to the point. The author, as in his former works, persists in writing the basic after the acidulous radical in his formulæ for acids and salts, *e. g.*, for sulphuric acid, SO_4H_2 instead of H_2SO_4 . Whatever may be said theoretically in favor of this custom, the majority of authors do not so write these formulæ; and such a custom, being more or less confusing to the student, may lessen the popularity of the book. The metric system of weights and measures and the centigrade scale of thermometry are employed throughout the work; but, as a compromise with the spirit of this transitional age, the corresponding weights in the English system, and the degrees of temperature calculated in the Fahrenheit scale, may be found in brackets, the old following, each in its proper place, the figures of the new.

The work bears ample testimony to the industry and learning of its accomplished author. Admirable in arrangement and sufficiently full in detail to serve the purpose for which it was intended, the practitioner

of medicine will find in its pages all the information necessary to a proper understanding of such chemical names and problems as he meets in his medical readings, and though perhaps too much devoted to descriptive chemistry for practical use in the laboratory, the medical student will find it an invaluable aid in following a systematic course of lectures.

Elements of Histology.

By E. KLEIN, M.D., F.R.S., Joint Lecturer on General Anatomy and Physiology in the Medical School of St. Bartholomew's Hospital, London. Illustrated with one hundred and eighty-one engravings. Philadelphia: Henry C. Lea's Son & Co. 1883.

As an introduction to the study of histology, and as a ready reference book for students and practitioners of medicine, this little work is destined to serve a useful purpose. The ripe ovum of mammals is taken as a typical cell, and, from this starting point, the histology of the body is systematically unfolded in accordance with modern biological ideas. The text is clear, and though the remarks devoted to each topic are necessarily brief, no point essential to the proper understanding of the theme discussed is omitted. The illustrations are numerous and striking though somewhat too diagrammatic for the laboratory student, who, at the beginning of his work, invariably finds that he must unlearn much that the books have taught him. Especially is this true of the pictures found in histological works, which develop and amplify the structures to a degree never realized in the best histological preparations obtainable. This, however, is a common fault, and not so conspicuous in this as in many other works which we have seen. We assure our readers that the book will well repay perusal.

The Treatment of Wounds: Its principles and practice, general and special. By LEWIS S. PILCHER, A. M., M. D., member of the New York Surgical Society. With one hundred and sixteen wood engravings. August number of Wood's Library of Standard Medical Authors, for 1883. New York: William Wood & Co.

The thoroughly practical character of this book is its chief recommendation. It is divided into two parts. Part I dealing with the general principles involved in the management of wounds, and part II with special wounds and their treatment. In discussing the subject at hand, the author has availed himself of all the substantial truths

evolved from the vast work-shop of surgery during the last ten or fifteen years, and, combining these with older and commonly accepted principles, gives them to the reader in a systematic manner and attractive form.

Physicians and surgeons, who have subscribed for the Library of Standard Medical Authors for this year, will find this book to be one of the most useful and interesting of the series.

ON THE ELEMENTS OF PROGNOSIS AND OF THERAPEUSIS IN TUBERCULOSIS OF THE LARYNX. By J. Solis Cohen, M.D., Philadelphia, Pa. Read before the Section of Practice of Medicine and Materia Medica of the American Medical Association, June, 1883. Reprint from Journal American Medical Association.

Obituary.

AN ACADEMIOIAN GONE.

Dr. J. Lawrence Smith died in this city, October 12th, in the sixty-fifth year of his age. For many years Dr. Smith was Professor of Chemistry in the Medical Department of the ment of the University of Louisville, and, at his death, was a member of its Board of Trustees. He was Kentucky's most eminent citizen, and as a scientist few Americans have been more distinguished. On the death of Sir Charles Lyell, of London, Dr. Smith was elected to the vacancy caused thereby in the Academy of Sciences of France. The honor of membership in this learned body has been bestowed on but few foreigners, and we believe on no other American. He was an ex-president of the American Association for the Advancement of Science, a member of the American National Academy of Sciences, of the Boston Society of Natural History, of the American Academy of Arts and Sciences, of the American Philosophical Society, of the American Bureau of Mines, of the Chemical Society of Berlin, of the Chemical Society of Paris, of the Chemical Society of London, of the Societe d'Encouragement pour l'Industrie Nationale, of the Imperial Mineralogical Society of St. Petersburg, and the Societe des Sciences et des Arts de Hainault. He was a Chevalier of the Legion of Honor and of the Imperial Order of St. Stanislas. He was a member of the Order of Medjidiah, and of the Order of Nichau Iftahar, of Turkey.

Dr. Smith was one of Louisville's most unostentatious citizens. He was gentle, faithful, and liberal. He took always a zealous interest in the Baptist Church, of which he was a member.

Some years since Dr. Smith retired from active pursuits, and for a long while had suffered from poor health. He left a very large estate, the major portion going to his wife, but considerable sums to charitable institutions.

SURGEON-GENERAL CRANE.

On Wednesday, the 10th inst., the Surgeon-General of the Army died from a hemorrhage, supposed to have been caused by rupture of the lingual artery at the base of the tongue.

He was a native of Rhode Island, but received his appointment as assistant surgeon in the army medical corps from Massachusetts in 1848. He was soon recognized as an efficient officer, and after being promoted first to the rank of captain, and then in rapid succession through the positions of major and surgeon, brevet lieutenant-colonel, and brevet colonel, he was made, in 1865, brevet brigadier-general, as a reward for meritorious services during the late war. In 1866 he attained the rank of colonel and assistant surgeon-general, which position he filled with signal ability, doing a large part of the executive work of the Surgeon-Generals department, until, on the retirement of General Barnes, in 1882, he became surgeon-general. In his death the army medical corps loses an able leader and a faithful friend, and the profession at large one of its most highly esteemed representatives.

MELLIN'S FOOD—CHANGE OF FIRM.—In the NEWS, September 22d, we made some comments relative to Mellin's food for infants, naming as its manufacturers the well-known firm of Theo. Metcalf & Co. At this time we were not aware that these gentlemen had turned their interest in the celebrated preparation over to Doliber, Goodale & Co., 41 and 42 Central Wharf, Boston, Mass. We hasten to make the correction, and to assure our readers that the above-named manufacturers are gentlemen whose high commercial standing will serve as a guarantee for the maintenance of that superior standard of excellence which has ever characterized the food since its introduction to the profession.

Selections.

SURGICAL DISEASES OF THE KIDNEY.—At the annual meeting of the British Medical Association Mr. Clement Lucas opened a discussion on "The Surgical Diseases of the Kidney, and the operations for their relief," of which the following is an abstract. He commenced by stating that the greatest advances in the treatment which had taken place of late years were those made in the indefinite border-land which separates medicine from surgery. It was in this barren and desolate tract we must look for fresh discoveries. Ovariectomy and the various operations upon the intestines and stomach he put forward as instances of work recently advanced in this territory, but he claimed as the most remarkable incident of this decade, the sudden light which fell upon the profession in its relation to renal disease and the rapid growth and recognition of renal surgery. The credit of having awakened a new interest in renal diseases, and of having, by experiment on the lower animals, made sure of his ground, was due to the late Professor Simon, of Heidelberg, who in 1869 successfully performed nephrectomy for the cure of a fistula of the ureter following ovariectomy. Since then, extirpation of the kidney has been performed upward of a hundred times. The operation of nephrotomy has been much more frequently undertaken; and the removal of a stone from the kidney, which used only to be attempted when a sinus or tumor existed, has been several times successfully performed before the kidney had suffered any severe damage.

In casting a glance over diseases of the kidney to determine which might admit of surgical treatment, it was necessary to exclude at once all such diseases as attack equally the two organs; hence, the various degenerations, included under the name of Bright's disease and lardaceous disease, must ever remain outside the province of renal surgery. On the other hand, conditions which disturb the functions of one organ only for the most part admit of relief by operation.

Painful moving or floating kidney, being only a mechanical disturbance, admits of relief only by mechanical means. Simple exploration and replacement through an incision in the loin would probably be found sufficient in the majority of cases for the cure of this condition, the adhesion result-

ing serving to retain the organ in position. Stitching of the capsule to the parietes, or, as it is termed, nephraphy, is a somewhat serious, but still simple undertaking. In eight cases in which it has been performed the patients all recovered and were relieved. There might still be cases where intense suffering was experienced and where the other means had failed which would suggest nephrectomy. Martin, of Berlin, had in six cases removed floating kidney through the peritoneum, and four of these recovered.

Hydronephrosis, a dilatation of the pelvis and calices of the kidney with watery fluid as a result of obstruction below, admitted of surgical treatment when one-sided. After detailing the various conditions of the ureter, congenital and acquired, which might give rise to this condition, the author suggested these cases should be first aspirated, then cut down upon and drained through the loin; the cyst-wall being stitched to the parietes. Finally, should the fistula fail to close, the remains of the kidney might be returned through the loin.

In women these tumors had been often mistaken for ovarian tumors, and had been operated upon as such. Being movable and not forming adhesions till late, some might advocate ventral nephrectomy for these cases before drainage, but such treatment would entail more risk than the method advocated. Abdominal nephrectomy for hydronephrosis will, however, show better results than nephrectomy generally.

Large isolated cysts of the kidney having no communication with the pelvis were rare. They should be aspirated and afterward drained through the loin.

Hydatids of the kidney, also rare, had a tendency to discharge themselves through the pelvis. When forming tumors, they could generally be cured by aspiration or syphon-tapping.

Pyonephrosis, which resembles hydronephrosis anatomically, but contains pus instead of urine or watery fluid, when unilateral falls under renal surgery. The double pyelitis, with suppuration and distension, which commonly resulted from stricture and enlarged prostate, the author said was inappropriately named "surgical kidney." He suggested the term *reflux pyelitis* as better expressing this condition. Reflux pyelitis, when one-sided, was due to some obstruction in the ureter, and then often gave rise to a large pyonephrosis. Other causes of unilateral pyonephrosis were calculus and strumous pyelitis. After speaking of the diagnosis

and stating that these tumors were more adherent, and gave rise to more pain and constitutional disturbance than hydronephrosis, he said that nephrectomy for pyonephrosis had been performed twenty-eight times, and of these seventeen recovered and eleven died; but it was most worthy of notice that among these twenty-eight cases six had previously discharged their contents through a fistula in the loin, and all these recovered. Hence, he argued, it was better to drain a pyonephrosis before performing nephrectomy.

Neoplasms of the kidney could only be treated by nephrectomy; and if this were performed early there might be a good chance of permanent benefit. Generally they were too large to be removed except through the peritoneum; but of five cases removed through the loin, four recovered. Out of sixteen removed by ventral incision, ten died and six recovered.

Calculus of the kidney offered an excellent field for surgical interference, but the difficulty was to make sure of the diagnosis. Many cases of supposed calculus would turn out to be strumous kidneys. Two cases were related in which the kidney was explored and even deeply punctured, but no ill result or rise of temperature followed, and the wounds healed primarily. Several cases of nephro-lithotomy were recorded in the Clinical Society's Transactions, and two such operations had been performed successfully at Guy's Hospital during the present year. When the kidney was much dilated and damaged it would be a question whether it might not be better to remove it.

After briefly alluding to *Injuries to the kidney*, which, though not included under the title of the paper, might suggest nephrectomy, the author proceeded to speak of some details in operating. He recommended for the lumbar operation a combination of two incisions which he had employed, as giving the most room, viz., an oblique incision higher than the colotomy incision, within about half an inch of the last rib and parallel with it, and a vertical incision on the outer margin of the quadratus lumborum, extending from the upper edge of the last rib to the iliac crest. For the transperitoneal operation Langenbuch's incision external to the rectus muscle was to be preferred to the median incision, as it enables the operator better to reach the kidney through the outer layer of mesocolon.

In conclusion, he urged that antiseptic

exploration of the kidney through the loin is a simple and not at all a dangerous operation, which may be undertaken without anxiety in any case where calculus is suspected; that it is generally wiser to tap and drain fluid tumors of the kidney before proceeding to remove the diseased organ; that, when nephrectomy is decided upon, the extraperitoneal operation through the loin should always be chosen for any tumor it is possible to withdraw through the limited space at disposal; finally, if this course be adopted, the transperitoneal operation will be reserved for large solid tumors, and perhaps some floating kidneys.—*British Medical Journal*.

EXOPHTHALMIC GOITRE: CURE.—Edwin Payne, M.D., M.R.C.P., in the *Lancet*, says: From February to September 28, 1882, I attended, in conjunction with Dr. T. S. Byass, a young lady, aged twenty-five, suffering from exophthalmic goitre. The eyes were very prominent. The whole of the thyroid gland was very much enlarged, especially on the left side. There was excessive over-action of the heart, and for about two months it presented physical signs of enlargement, and particularly its apex-beat was to be noticed a little to the left of the nipple. There were abnormal sounds, diastolic and systolic, both at the mitral and aortic valves, of a soft, rushing character, and violent beating of the carotids and jugulars, with at times a cyanotic condition of the face, and attacks of dyspnea, but no headache. She had been getting out of health for a few months, and had been away for change; but on returning home was found to be in the above condition, and excessively wasted, so that it was necessary to place her on a water-bed for some four weeks. Another troublesome complication in this case was sickness. There was also considerable emotional excitement and irritability.

She has now (August, 1883) perfectly recovered, and can walk about and occupy herself with her usual amusements, being careful to avoid over-exertion. The condition of general nutrition is quite restored, the goitre has disappeared, and the heart is normal in valve-sounds, apex beat, and rhythm; the disordered action in the carotids and jugulars has ceased; the eyes are, for her, quite natural in appearance and prominence. She always had a slightly prominent eye; there is at times, if she is exhausted, some emotional excitement.

The treatment which was found useful in this case was digitalis with iron, which helped to quiet the tumultuous action of the heart. Ice was also invaluable at one, and an early period, to control the sickness. Cold was applied to the goitre, and pepsin aided the assimilation of food, which was given in some form, night as well as day. Small quantities of brandy at strictly regulated periods were also taken. Rest and quiet were strictly observed. Occasional relief of the bowels by means of blue-pill, colocynth, and scammony was found to be necessary and beneficial. She is now taking pepsin and the pills occasionally.

This is an interesting case, as illustrating the return to health in a typical case of its kind, but with a markedly important cardiac condition, and its return to a normal state from one of unusual disturbance. In these cases there is generally no secondary dilatation or hypertrophy, the symptoms of which at one period were of such serious import as to suggest considerable mischief, and even endocardial ulceration in association.

Was there in this case, it may be asked, any temporary hypertrophy as well as dilatation of the heart? There was, for more than a month, a heaving movement, on palpation, of the cardiac region, which gradually diminished with the general improvement. It seems, from observations made, that hypertrophied heart can be recovered from. Dr. Munk has recorded some interesting cases in the *Lancet* for 1846, with comments, showing that hypertrophy of the heart may be cured, though these cases do not appear to have been associated with the peculiar condition known as exophthalmic goitre. Is the pathology in cases of exophthalmic goitre a constant and uncomplicated "sub-paralytic state of the vessels of the muscles of the heart?" May it not be well to be on one's guard for a condition of hypertrophy as a possibility in some cases?

HYDATIDS OF THE FEMUR.—Dr. Coppinger read a paper at the late meeting of the Academy of Medicine, in Ireland, on Hydatid Disease of the Femur, the patient and parts removed which established the diagnosis having been exhibited to the meeting already. He alluded to the infrequency of the occurrence of hydatid tumors in the human subject in Ireland, notwithstanding the known prevalence of the echinococcus disease in sheep. He observed that hydatid tumors, even in countries where the affection is comparatively common, seemed

scarcely ever to invade the bones, and that no instance of the disease occurring in the bones had up to the present been recorded in this country. The patient had been under observation for three years, having been admitted to the Mater Misericordiae Hospital with a spontaneous fracture of the upper third of the femur, due apparently to its invasion by the parasite. The disease was not diagnosed until Mr. Coppinger had made an attempt to excise the patient's hip joint and discovered a large cavity, in the dilated upper part of the femur, containing hydatid cysts and loose pieces of bone studded over with small echinococcus vesicles. These exhibited the characteristic features of echinococcus cyst, etc. The complicated excision was abandoned, but the great trochanter was removed with a saw, and the cavity finally laid open and syringed out with chloride-of-lime solution. It was then ascertained that the shaft of the femur was firmly connected with its neck by means of the thin walls of the bony tumor, and it was hoped that, the disease having been apparently removed, the space would fill by granulation from below. It had since become much smaller; but the patient's condition was so unsatisfactory, even after nearly two years' treatment, that another operation would have to be performed for the purpose, if possible, of eradicating the disease. The limb was three inches shorter than its fellow. The man was obliged to have a crutch, being unable to rest his weight upon the limb; and the wound, which was still open, led through a narrow slit in the bone into a cavity in its center, extending upward into the neck, as well as downward into the shaft of the femur. Although this cavity was daily washed out with carbolic and boro-glyceride solution, and although all disease was apparently removed, collapsed cysts and shreds of membrane still escaped from it occasionally, proving that the peculiar disease caused by the presence of small exogenous cysts in the cancellous tissue of the bone had not yet been eradicated.

SENATOR ON FLOATING KIDNEY.—Professor Senator's conclusions, recently published in the *Charité Annalen*, based upon the records of thirty-two cases, agree in almost every particular with those to be found in Landau's *Wanderniereder Frauen*. (British Medical Journal.) Senator terms the affection "ectopia renis." He found one in every one hundred and thirty sick women to be subject to floating kidney, independ-

ently of age or social station. Disappearance of the fat around the capsule of the kidney can hardly be a cause of this condition, for there is little or no such fat in children, among whom floating liver is very rare, and men are as liable to emaciation as women, yet floating kidney is much less frequent among men than in women. The absence of fat, as Senator most pertinently observes, does not cause floating kidney, but facilitates diagnosis. The causes are more probably to be found in the condition of the generative organs and defects of attire. Repeated pregnancy causing pendulous abdomen is a very probable cause, and uterine displacements are considered by Landau to influence the position of the kidney; the same authority attributes displacement of the kidney to tumor and hydro-nephrosis, but Senator has never observed these pathological conditions in any of his cases. Tight lacing is considered as a highly probable cause of floating kidney, as Mr. Clement Lucas observes in his paper on surgical diseases of the kidney, published in this week's Journal, and would account for the greater frequency of displacement of the right kidney, which, in a tight-lacing woman, is subject to prolonged pressure by a large solid body, the liver. The greater length of the right renal artery favors displacement of the right kidney. To make diagnosis as certain as possible, the patient should first be placed on her back; the abdominal walls must then be thoroughly relaxed by passive elevation of the lower extremities. In examining the right lumbar region, the surgeon or physician should stand on the same side, and place the left hand on the loin posteriorly and the right on the abdomen; in examining the opposite side, these tactics must be reversed. Professor Senator appears to prefer this method to Landau's, for if the medical attendant stand on the opposite side of the patient, with the position of the hands reversed, the displaced organ is more likely to be pushed aside, and thus elude detection.

ALOPECIA PREMATURA.—The Edinburgh Medical Journal, from the *Berliner klinische Wochenschrift*, says: O. Lassar has convinced himself of the communicability of that form of premature baldness associated with dandruff. When the hairs which fall off in such cases are collected, rubbed up with vaseline, and the ointment so made is rubbed among the fur of rabbits or mice, baldness rapidly makes itself visible on the parts

so treated. That this is not due to the vaseline was shown by anointing other animals with the vaseline alone, which produced no effect. He considers that the disease is spread by hairdressers, who employ combs and brushes to their customers, one after another, without any regular cleansing to these articles after each time they are used. During frequent visits to the hairdresser's it can scarcely fail that brushes are used which have been shortly before dressing the hair of one affected with so common a complaint as scaly baldness. Females, he thinks, are less often affected with this form of baldness, because the hairdresser more frequently attends to them at their own homes, and there uses *their* combs and brushes. In order to prevent, as far as possible, the commencement of alopecia prematura, the hair should be cut and dressed at home and with one's own implements, and these thoroughly clean. When it has begun, the following mode of treatment is suggested: The scalp is to be daily well soaped with tar or fluid glycerine potash soap, which is to be rubbed in for fifteen minutes firmly. The head is then to be drenched with, first, warm water, and then gradually colder water. A two-per-cent corrosive-sublimate lotion is next to be pretty freely applied. The head is then to be dried, and the roots of the hair are to have a one-half-per-cent solution of naphthol in spirit rubbed into them. Finally, a pomade of one and a half to two per cent of carbolic or salicylic oil is to be used to the head. This treatment has now in many cases brought the disease not only to a stand, but the hair has been to a considerable extent restored.

MALARIA.—Dr. A. C. Heffenger, Passed Assistant Surgeon, U. S. Navy, writes in the Boston Medical and Surgical Journal: I have seen intermittent and remittent fevers as prevalent on the dry, sandy plains and through the mountains, *even up to the snow line*, of Peru, as I have ever seen them in Panama.

During the construction of the Oroyo Railway from Lima to its present terminus, fifteen miles from the summit of the Cordilleras, a violent malarial fever broke out as soon as the ground was disturbed, which carried off several thousand workmen. This fever raged chiefly along the *rainless portions of the road, where the earth is always exceedingly dry and the soil thin*, though it extended to an elevation of *thirteen thousand feet, or nearly to the snow level*. A description of this epidemic, under the title of Oroyo Fe-

ver, was published some years ago by Medical Director Browne, of the Navy, and Dr. Ward, a surgeon on the road at the time.

Two years ago a detachment of troops from the Chilian army of occupation in Peru was sent up the Oroyo Railway and across the Cordilleras; but no sooner had they reached the *snow line* than a malignant *malarial fever*, much resembling the Oroyo, appeared among them and fairly decimated the force. At the present time the Chilian troops quartered on the dry plains are suffering heavily from various forms of malarial fevers, though one not acquainted with the peculiarities of the country would pronounce their atmospheric and telluric surroundings unqualifiedly good.

ANKYLOSTOMUM IN GERMANY.—Doctor Menche of Bonn describes, in a recent number of the *Zeitschrift für Klinische Medizin*, says the British Medical Journal, a case of anemia from the presence of ankylostomum in the intestine, the first that has been recorded as having occurred in Germany. Hitherto it had been confined to Italy, Egypt, and Brazil, until the epidemic among the workmen in the St. Gothard tunnel showed that the parasite had been imported into Swiss territory. This epidemic is fully described in Dr. Bugnion's contribution to the Journal in March, 1881. Dr. Menche's patient was a brickmaker, who had never traveled beyond the neighborhood of Bonn, where he carried on his business. He became very anemic, and presented all the other symptoms of ankylostomum disease, as described by Dr. Bugnion. After the administration of ethereal extract of male fern, masses of the parasite were voided from the patient's bowels, and the anemia soon disappeared. Dr. Menche observes that, just as tropical chlorosis and the St. Gothard tunnel epidemic of anemia have been found to be due to the presence of masses of the blood-sucking ankylostomum in the duodenum, so, as in his own patient, the anemia common among brickmakers and tileburners may be, generally at least, due to the same parasite.

ON THE USE OF GELSEMIUM IN INTERMITTENT FEVER.—Dr. N. B. McKay, in the St. Louis Courier of Medicine, says: After years of careful trial, I have come to use gelsemium in ague with as much confidence as any of the preparations of bark. Used in ordinary doses, it will not cure chills; given in doses of three to ten drops every

two or three hours, it will not be likely to have the desired effect. If the stomach has been prepared for it by the use of a pill or two, or three, composed of podophyllin and leptandrin, with solid extract of hyoscyamus, half or three fourths of a grain each, one at a time, gelsemium will arrest chills as often as any other remedy. I give the fluid extract in *one quarter to one half drop doses* once in twenty or thirty minutes, beginning usually three hours or so before the time of the expected chill. This for adults; children, much less. If unsuccessful, I do not *increase* the dose, but *lessen* it.

I usually prepare the medicine by putting ten drops into a tumbler, measuring in three or four teaspoonfuls of water to each drop, and giving in teaspoonful doses. If to be kept for a few days, I put in camphor or peppermint water, to keep it sweet. Where patients live at a distance, I add glycerine in place of one fifth or one fourth of the water, and then it will keep indefinitely.

This medicine, prepared in this way, will rarely fail to quiet any nervous chill or rigor after it is fairly under way. In such cases I give it sometimes as often as every five minutes in severe cases, and it has never failed me. It is cheap, easy to take, and effectual.

THE MUTABILITY OF BACTERIA.—The question whether the same germs under different conditions give rise to various diseases has been raised, but not settled. (The Lancet.) Dr. Carpenter, at the meeting of the British Association, treated the subject from a point of view of natural history. He referred to the facility which the lower forms of life possess of adapting themselves to changed conditions of existence. He believes that the same germs may, under altered circumstances, produce various diseases, and these opinions he supported by various arguments. The decrease of the virulence of the smallpox, which ravaged Europe in the fifteenth century, he attributed to the cultivation of the mildest cases which occurred. A severe attack of any particular disease may so affect the system that a disease arises which can not be recognized as related to that from which it proceeded. Under favorable conditions an ordinary intermittent fever may develop into a virulent form, which is highly contagious. There is, in his opinion, very strong ground for the belief that even the innocent hay bacillus may undergo such an alteration in its type as to become the germ of severe disease.